

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

07 JUN 2006

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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41		/		/		
42		/		/		
43		/		/		
44		/		/		
45	/	/	/	/		
46	/	/	/	/		
47	/	/	/	/		
48	/	/	/	/		
49	3	/	/	/		
50	2	/	/	/		
TOTAL IND.	1		1			
TOTAL DEP.	82		81			
TOTAL CLAIMS	83		82			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
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97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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